

PART B - FEE(S) TRANSMITTAL

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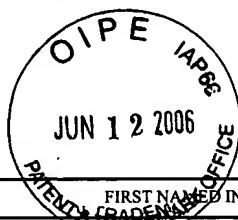
26389 7590 03/08/2006

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 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

06/13/2006 EHAILE2 00000047 10788936

01 FC:1501 1400.00 OP
 02 FC:1501 300.00 OP



Carole Julyan (Depositor's name)
 Carole Julyan (Signature)
 June 8, 2006 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/788,936	02/27/2004	Michael D. Chamberlain	PCCR122364	9541

TITLE OF INVENTION: INSTRUMENT MOUNTING ASSEMBLY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	06/08/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
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GUTMAN, HILARY L 3612 296-037100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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Christensen O'Connor
 Johnson Kindness PLLC
 1 _____
 2 _____
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

PACCAR Inc

Bellevue, Washington

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies _____

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☒ A check in the amount of the fee(s) is enclosed. (Check No. 170839)
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☒ The Director is hereby authorized by check to charge the required fee(s), or credit any overpayment, to Deposit Account Number 03-1740 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date June 8, 2006

Typed or printed name

Jeffrey M. Sakoi

Registration No. 32,059

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